

California WIC Program Training Registration

Title of Training _____ Date of Training _____

Location of Training _____

Name _____ Job Title _____

Agency Name _____ Agency Number _____

Agency Address _____ City _____ Zip Code _____

Telephone Number _____ Fax Number _____ Email _____

Print Supervisor's Name _____

Supervisor's Signature _____ Date _____

- Notes:
- Complete one training request per person per class.
 - Incomplete registration forms will be returned to you and registration process will be delayed.
 - A confirmation letter will be sent to you when registration is complete.

Mail or fax completed form to:

Nutrition Education and Training Section
3901 Lennane Drive
Sacramento, CA 95834
Fax: (916) 928-6816